Application for exemption from enrolment

Part A: Student details

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Family name	Given name		DOB	Age	Year level	SRN
Student address:			,	,	Postcode:	
School name						
Dates of exemption applied for: From		to				
Number of school days:						

Details of activity and exemption

Details of exemption reason:

Details of prior/current exemptions (if applicable)

Date of prior exemption: From to

Number of school days:

Copy of Certificate of Exemption attached: Yes No



Parent/guardian details (applicant)

Family name:	Given name:		
Address:	Postcode:		
Phone number:	Relationship to student:		
As the parent and applicant, I hereby apply for a Certificat Education Act 1990.	te of Exemption under the		
I understand that if the application is accepted and the ex	emption is granted:		
 I am responsible for his/her supervision during the period. The exemption is limited to the period indicated. The exemption is subject to the conditions listed on the exemption from enrolment. The exemption may be cancelled at any time. I declare the information provided in this application is to the accurate and complete. I recognise that should statement false or misleading any decision made as a result of this approvided period of exemption being cancelled. 	the best of my knowledge and belief, s in this application later prove to be pplication may be reversed. I further		
Signature of parent / guardian:	Date:		
Note: This document can be printed and signed or signed using	ng digital ink tools		

Privacy statement

The Department of Education is subject to the Privacy and Personal Information Protection Act 1998. The information that you provide will be used to process your child's *Application for Exemption* during the period indicated.

It will only be used or disclosed for the following purposes.

- General student administration relating to the education and welfare of the student
- Communication with students and parents
- To ensure the health, safety and welfare of students, staff and visitors to the school
- State and National reporting purposes
- For any other purpose required by law.

The information will be stored securely. You may access or correct any personal information by contacting the school. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the school.



Part B: Principal recommendation

To be completed by the principal, in consultation with the Director, Educational Leadership (DEL). The DEL then sends it to their Executive Director, Public Schools' office for their final determination.

For apprentices and trainees in Year 10: For principal recommendation (Part C not required).					
I recommend that this Application for Exemption f	rom enrolment is (please tick):				
Granted					
Declined					
If declined, state reason:					
Principal's name:	Phone number:				
Duin ain alla ainn atuus.	Deter				
Principal's signature:	Date:				
Principal's checklist - Exemption fron	n enrolment				
Received completed and signed application					
Received evidence to support application					
For apprentices and trainees: sighted a copy of th	e signed training contract and plan				
Director, Educational Leadership is aware of the a	application and has been consulted				
Part C: Executive Director's determine	nation				
To be completed by the Executive Director, Public	: Schools.				
Following consideration of this Application for	Exemption from enrolment: (please tick)				
I am satisfied that conditions exist that make it ne this student be exempt from attendance at schoo					
I am not satisfied that conditions exist that make this student be exempt from attendance at schoo					
If declined, state reason:					
F	DI I				
Executive Director's name:	Phone number:				
	Date:				

Executive Director's signature:

Note: This document can be printed and signed, or signed using digital ink tools.

Note: Please complete the Certificate of Exemption from enrolment if exemption is granted.



Certificate of exemption from enrolment

The student whose details appear below has been granted an exemption from school for the period indicated.

Student details

Family name	Given name	DOB	Age	Year level	SRN		
Student address:				Postcode:			
School name							
Dates of exemption: From	to						
Reason for providing the exemption:							
Conditions of the exemption:							
It has been explained to the parent of the above mentioned student that they are responsible for his/her supervision during the provided period of exemption.							
The parent understands that the period of exemption is limited to the period indicated and acknowledges that the provided period of exemption is subject to the conditions listed.							
Executive Director's name:							
Executive Director's signature:			Date:				
Principal's name:							
Principal's signature:		Date):				